

(\*) required fields



## **TEAM REGISTRATION FORM**

## SPRING SESSION 2025

	/		
(8)	9	1	
	(	Masters	

* Day of Play: Mon Tues	_ Wed Thu	urs Sat	Sun		
Referred by	*Division_				
Team Name*	Get ahead of the game and avoid chaos on the first night of play. Have your teammates pay				
Host Location Name*  Host Location Address  (include zip code)		Ro	equired for new locations	their member dues online at www.poolplayers.com before the first night of play!	
Host Location Phone #_()Required for new locations				Electronic Divisions must have an E- Mail Address for the captain and/or	
Player Name	APA#	Address	Phone #	co-captain	
Team Captain (Must have Phone #) *	*	*	(* )		
Co-Captain			( )		
Need first and last names			( )		
			( )		

A Team Deposit Masters \$33 for all teams to pre-pay your last week of team fees

Registration Deadline: November 27, 2024

Send to

Email to apaboomer@aol.com

Session begins December 4